Case 13-15097-mkn Doc 5 Entered 06/11/13 14:43:29 Page 1 of 7

B 22C (Official Form 22C) (Chapter 13) (04/13)

Donald L. Pearce	According to the calculations required by this statement:
In re Ann M. Pearce	■ The applicable commitment period is 3 years.
Debtor(s) Case Number: 13-15097	☐ The applicable commitment period is 5 years.
	— ☐ Disposable income is determined under § 1325(b)(3).
(If known)	■ Disposable income is not determined under § 1325(b)(3).
	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	rt I.]	REPORT OF IN	COM	IE					
1		Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.									
	b. ■	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income")						for Lines 2-10.			
		gures must reflect average monthly income re						Column A		Column B	
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.						Debtor's Income		Spouse's Income		
2	Gros	s wages, salary, tips, bonuses, overtime, cor	nmis	sions.			\$	6,768.88	\$	0.00	
3	enter profe numb	the difference in the appropriate column(s) of a sission or farm, enter aggregate numbers and proper less than zero. Do not include any part of duction in Part IV.	f Lin	e 3. If you operate e details on an at	mor achm	e than one business, nent. Do not enter a					
	I		<u> </u>	Debtor		Spouse					
	a.	Gross receipts	\$	0.00		0.00					
	b.	Ordinary and necessary business expenses Business income	\$	0.00 otract Line b from		0.00	\$	0.00	d.	0.00	
4	ļ	of the operating expenses entered on Line b		Debtor		Spouse					
	a.	Gross receipts	\$	0.00		0.00					
	b.	Ordinary and necessary operating expenses Rent and other real property income		btract Line b from			\$	0.00	\$	0.00	
5		rest, dividends, and royalties.	Du	otract Ellie o Iron	Lin		\$	0.00		0.00	
6	Pens	ion and retirement income.					\$	0.00	\$	0.00	
7	expe purp debto	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.						0.00	\$	0.00	
	listed in Column A, do not report that payment in Column B. Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A						1				
8	Uner How bene	ever, if you contend that unemployment comp	ensa e am	tion received by y	ou or	your spouse was a					

9	Income from all other sources. Specify source and on a separate page. Total and enter on Line 9. Do remaintenance payments paid by your spouse, but it separate maintenance. Do not include any benefit payments received as a victim of a war crime, crime international or domestic terrorism.	not include alimony nclude all other pay s received under the	or separate ments of alimony or Social Security Act or			
		Debtor	Spouse			
	a. \$ b. \$		\$ \$	\$ 0.0	00 \$	0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if C in Column B. Enter the total(s).	Column B is complet	ed, add Lines 2 through 9	\$ 6,768.8		0.00
11	Total. If Column B has been completed, add Line 19 the total. If Column B has not been completed, enter			\$		6,768.88
	Part II. CALCULATION	OF § 1325(b)(4) COMMITMENT I	PERIOD		
12	Enter the amount from Line 11				\$	6,768.88
13	Marital Adjustment. If you are married, but are not calculation of the commitment period under § 1325(enter on Line 13 the amount of the income listed in the household expenses of you or your dependents a income (such as payment of the spouse's tax liability debtor's dependents) and the amount of income devo on a separate page. If the conditions for entering this a. b. c.	(b)(4) does not requi- Line 10, Column B t and specify, in the ling or the spouse's supported to each purpose	re inclusion of the income hat was NOT paid on a re les below, the basis for ex- port of persons other than If necessary, list addition	of your spouse, gular basis for cluding this the debtor or the		
	Total and enter on Line 13				\$	0.00
14	Subtract Line 13 from Line 12 and enter the resu	lt.			\$	6,768.88
15	Annualized current monthly income for § 1325(b) enter the result.	(4). Multiply the ar	nount from Line 14 by the	number 12 and	\$	81,226.56
16	Applicable median family income. Enter the media information is available by family size at www.usdo					
	a. Enter debtor's state of residence: NV	b. Enter del	otor's household size:	7	\$	90,862.00
17	Application of § 1325(b)(4). Check the applicable to The amount on Line 15 is less than the amount top of page 1 of this statement and continue with ☐ The amount on Line 15 is not less than the amount at the top of page 1 of this statement and continue.	t on Line 16. Check this statement. Ount on Line 16. Chee with this statemen	the box for "The applicable th	icable commitmen		
	Part III. APPLICATION OF § 132	25(b)(3) FOR DETI	ERMINING DISPOSAB	LE INCOME	1	
18	Enter the amount from Line 11.				\$	6,768.88
19	Marital Adjustment. If you are married, but are not any income listed in Line 10, Column B that was NO debtor or the debtor's dependents. Specify in the line payment of the spouse's tax liability or the spouse's dependents) and the amount of income devoted to esparate page. If the conditions for entering this adjust. a. b. c.	OT paid on a regular es below the basis fo support of persons of ach purpose. If neces	basis for the household ex r excluding the Column B ther than the debtor or the ssary, list additional adjust	spenses of the income(such as debtor's		
	Total and enter on Line 19.	ĮΨ			\$	0.00
20	Current monthly income for § 1325(b)(3). Subtract	et Line 19 from Line	18 and enter the result.		\$	6,768.88

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.							\$	81,226.56	
22	Applic	able median family incon	e. Enter the amount from	m Lin	e 16.			\$	90,862.00	
Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determ 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.										
		amount on Line 21 is not 25(b)(3)" at the top of page								
		Part IV. C	ALCULATION ()F I)EDU(CTIONS FR	OM INCOME			
		Subpart A: D	eductions under Star	ndar	ds of the	Internal Reve	nue Service (IRS)			
24A	Enter in applica bankru	al Standards: food, appar n Line 24A the "Total" ame ble number of persons. (T ptcy court.) The applicable r federal income tax return	ount from IRS National his information is availa number of persons is th	Standable at a nun	ards for A www.usonber that	Allowable Living doj.gov/ust/ or fro would currently b	Expenses for the om the clerk of the e allowed as exemptions	\$		
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.									
	Perso	ns under 65 years of age		Pers	ons 65 ye	ears of age or old	ler			
	a1.	Allowance per person		a2.	Allowar	nce per person				
	b1.	Number of persons		b2.	Number	of persons				
	c1.	Subtotal		c2.	Subtotal	[\$		
25A	Utilitie availab the nur	Standards: housing and uses Standards; non-mortgage le at www.usdoj.gov/ust/conber that would currently build the statement of the statement whom	expenses for the application from the clerk of the been allowed as exemption	able c ankru	county and optcy cour	d family size. (That). The applicable	nis information is e family size consists of	\$		
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. [a. IRS Housing and Utilities Standards; mortgage/rent expense"] [§									
	b.	Average Monthly Payment	for any debts secured b	y you	r					
		home, if any, as stated in I Net mortgage/rental expen				Subtract Line b fr	om Line a.	\$		
26	Local S 25B do Standa	Standards: housing and uses not accurately computerds, enter any additional artion in the space below:	tilities; adjustment. If the allowance to which	you a	ontend th	at the process set I under the IRS I	out in Lines 25A and lousing and Utilities	\$		

27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. 10						
2,11	If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the	unt from IRS Local Standards: "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or					
	Census Region. (These amounts are available at www.usdoj.gov/ust/	* *	\$				
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) □ 1 □ 2 or more.	ship/lease expense for more than two					
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 28. Do not enter an amount less than zero.	court); enter in Line b the total of the Average					
	a. IRS Transportation Standards, Ownership Costs	\$					
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47	\$					
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$				
29	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Li the result in Line 29. Do not enter an amount less than zero.	e IRS Local Standards: Transportation court); enter in Line b the total of the Average					
	a. IRS Transportation Standards, Ownership Costs	\$					
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$					
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$				
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as insecurity taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$				
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$				
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$				
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.						
34	Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for educat education that is required for a physically or mentally challenged depoproviding similar services is available.	ion that is a condition of employment and for	\$				
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$				
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$				
	•						

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - s pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your healt welfare or that of your dependents. Do not include any amount previously deducted.	such as				
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$				
	Subpart B: Additional Living Expense Deductions	•				
	Note: Do not include any expenses that you have listed in Lines 24-3'	7				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expense the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.	ses in				
39	a. Health Insurance \$					
	b. Disability Insurance \$					
	c. Health Savings Account \$					
	Total and enter on Line 39	\$				
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the below: \$	e space				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.					
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.					
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable at necessary and not already accounted for in the IRS Standards.					
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.					
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$				

		Subpart C: Deductions for De	bt Payment							
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.									
	Name of Creditor	Does payment include taxes or insurance								
	a.		\$ Total: Add Lines	□yes □no	\$					
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.									
	Name of Creditor a.	Property Securing the Debt	\$	Total: Add Lines	\$					
49	priority tax, child support and alimor not include current obligations, suc		by 60, of all priority the time of your ban	claims, such as kruptcy filing. Do	\$					
	resulting administrative expense.	s. Multiply the amount in Line a by the		nd enter the						
50	issued by the Executive Officinformation is available at we the bankruptcy court.)	Chapter 13 plan payment. Listrict as determined under schedules ce for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of tive expense of chapter 13 case	x Total: Multiply Li	nes a and b	\$					
51	Total Deductions for Debt Paymen	t. Enter the total of Lines 47 through 5	0.		\$					
		Subpart D: Total Deductions f	rom Income							
52	Total of all deductions from income	e. Enter the total of Lines 38, 46, and 5	51.		\$					
	Part V. DETERMI	NATION OF DISPOSABLE	INCOME UND	ER § 1325(b)(2)						
53	Total current monthly income. En	ter the amount from Line 20.			\$					
54	Support income. Enter the monthly payments for a dependent child, repolaw, to the extent reasonably necessal	average of any child support payments orted in Part I, that you received in according to be expended for such child.	, foster care paymen rdance with applical	ts, or disability ble nonbankruptcy	\$					
55		Enter the monthly total of (a) all amoun retirement plans, as specified in § 541(lified in § 362(b)(19).			\$					
56	Total of all deductions allowed und	ler § 707(b)(2). Enter the amount from	Line 52.		\$					

	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable.						
57	N	Nature of special	circumstances		Amou	int of Expense	
	a.				\$		
	b.				\$		
	c.				\$		
					Total:	Add Lines	\$
58	Total acresult.	djustments to d	etermine disposable inco	ome. Add the amounts on Li	nes 54	4, 55, 56, and 57 and enter the	
	resuit.						\$
59	Monthl	y Disposable In	come Under § 1325(b)(2	2). Subtract Line 58 from Lin	ne 53 a	and enter the result.	\$
			Part VI. AI	DDITIONAL EXPENS	SE C	LAIMS	
	of you a 707(b)(2	and your family a	and that you contend show ecessary, list additional s	ıld be an additional deductio	n fron	nis form, that are required for the n your current monthly income users should reflect your average	ınder §
60	E	Expense Descrip	tion			Monthly Amount	
	a.				9		
	b.				5		
	c.				5		
	d.		TD.	. 1 . 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5		
			10	otal: Add Lines a, b, c and d	9		
	_			Part VII. VERIFICATION	1		
	I declare	gn.)	of perjury that the inform	•		rue and correct. (If this is a join /s/ Donald L. Pearce	ıt case, both debtors
61		_	,			Donald L. Pearce (Debtor)	
		Date:	lune 10 2013	Sign	ature	/s/ Ann M Pearce	

Ann M. Pearce

(Joint Debtor, if any)